FOR THE MIDDLE DISTRICT OF ALABAMA SOUTHERN DIVISION

2009.

REquest For Appointment of Counsel
Comes Now, Thomas P. White, L'White's AN Primate housed At
Houston Co. Jail, And is indigent and due to "Whites' lack of
Education or knowledge in Civil Suit proceedings, plaintiff is making
request to have Appoint new of Counsel.

LETTICATE OF SERVICE

I, Thomas P. White, I Plaint IT I hereby certify that I have served A copy of the foregoing "Regrest for Course!" to Clerk of The United States (Middle District) Court P.O. box MII Mont. Al. 36101 by placing a copy of the same in the U.S. mail, postage paid and properly addressed on this 10th day of November 2006.

Thomas P. White #08627 901 E. Main St. Dothan, Al. 36301

Case Number state of Alabama AFFIDAVIT OF SUBSTANTIAL Unified Judicial System HARDSHIP AND ORDER Form C-10 Rev. 2/95 Page 1 of 2 LABAMA COURT OF IN THE or Municipality) (Circuit, District, or Municipal) STYLE OF CASE: Defendant(s) Plaintiff(s) Y CHARGE(s) (if applicable): HCIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case. ☐ CIVIL CASE-- (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me. ☐ CRIMINAL CASE-- I am financially unable to hire an attorney and request that the court appoint one for me. □ DELINQUENCY/NEED OF SUPERVISION-- I am financially unable to hire an attorney and request that the court appoint one for my child/me. **AFFIDAVIT** SECTION I. 1. IDENTIFICATION Full-name Spouse's full name (if married) Complete home address Number of people living in household Home telephone number Length of employment Occupation/Job \*Social Security Number Driver's license number Employer's telephone number Employer Employer's address ASSISTANCE BENEFITS 2. Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply.) □ Medicaid □ SSI □ AFDC □ Food Stamps INCOME/EXPENSE STATEMENT Monthly Gross Income: Monthly Gross Income Spouse's Monthly Gross Income (unless a marital offense) Other Earnings: Commissions, Bonuses, Interest Income, etc. Contributions from Other People Living in Household Unemployment/Workmen's Compensation, Social Security, Retirements, et Other Income (be specific) TOTAL MONTHLY GROSS INCOME Monthly Expenses: Living Expenses Rent/Mortgage Total Utilities: Gas, Electricity, Water, etc. Food Clothing Health Care/Medical Insurance Car Payment(s)/Transportation Expenses Loan Payment(s)

	Case 1:06-cv-00	961-WKW-SRW	Document			Page 3 of 3
	-10 Page 2 of 2 Rev. 2/95	AFFIDA'	VIT OF SUBS	STANTIAL HARDS	SHIP AND	ORDER
Form C	-10 Page 2 of 2 Rev. 2/95  Monthly Expenses: (cont'd p	age 1)	······································			
	Credit Card Payment Educational/Employm Other Expenses (be	s) ent Expenses	<u> </u>			
	Sub-Total  B. Child Support Payment(s)/Alimony			<u>*</u>		A \$
	B. Child Support Payme Sub-Te			_()-	_	B \$
	C. Exceptional Expense	S		\$		
	TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) \$					
	Total Gross Monthly Inco				•	
		DISPOSABLE MONT	HLY INCOME			\$
4.	LIQUID ASSETS:  Cash on Hand/Bank (or o bonds, certificates of dep Equity in Real Estate (valuequity in Personal Proper motor vehicles, stereo, Vi	osit) ue of property less what ty, etc. (such as the valu CR, furnishing, jewelry, to	you owe)	\$		7
	guns, less what you owe) Other (be specific) Do you own anything else (land, house, boat, TV, si If so, describe	e of value? □ Yes □ No ereo, jewelry)		100	- -	0-
	тот	AL LIQUID ASSETS				\$
5.	Affidavit/Request I swear or affirm that the anto any question in the affidaventain records of information punderstand and acknowledge the fees and expenses of m  Sworn to and subscribed be	the transposed file to the containing to my financial set that, if the court appoint y court-appointed counserfore me this	status from any s ts an attorney to	ary	y information urt may requ	provided by me. I further
				Print or Type Na	<u> </u>	ite
	Judge/Clerk/Notary ORDER OF COURT					
1		Or	ADEIL OF CO			
SECT	IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:  Affiant is not indigent and request is DENIED.  Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay toward the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise toward the anticipated cost of appointed counsel.					
	ordered and disbursed as  Affiant is indigent and re  The prepayment of dock	quest is GRANTED. et fees is waived.				
	IT IS FURTHER ORDERED	AND ADJUDGED that		, is he	reby appoin	ted as counsel to represen
	affiant. IT IS FURTHER ORDERED expenses, approved by the Done this	AND ADJUDGED that the	e court reserves	he right and may orde , and costs of court.	er reimburse	ment of attorney's fees an
				Judge	· · ·	